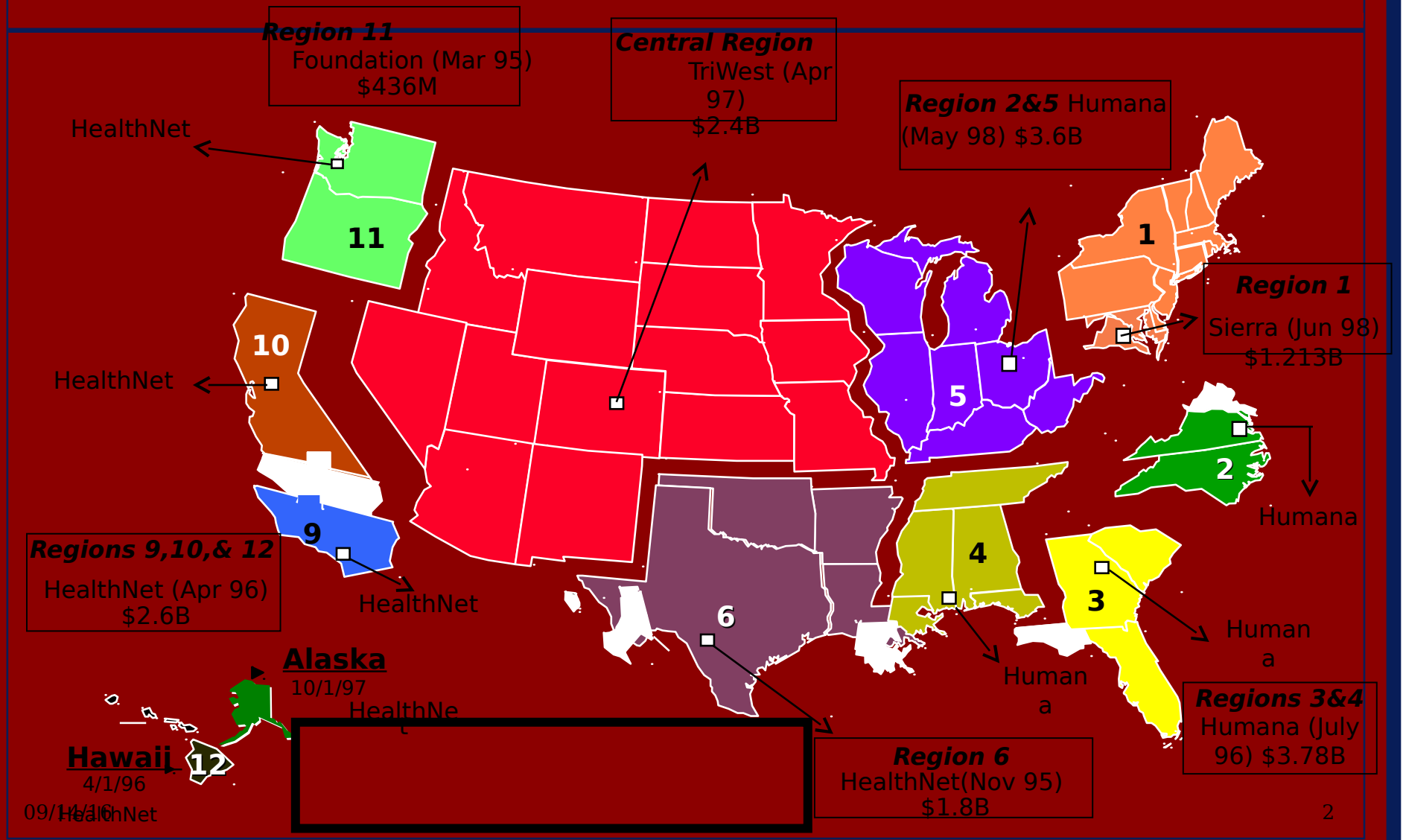
TRICARE Central

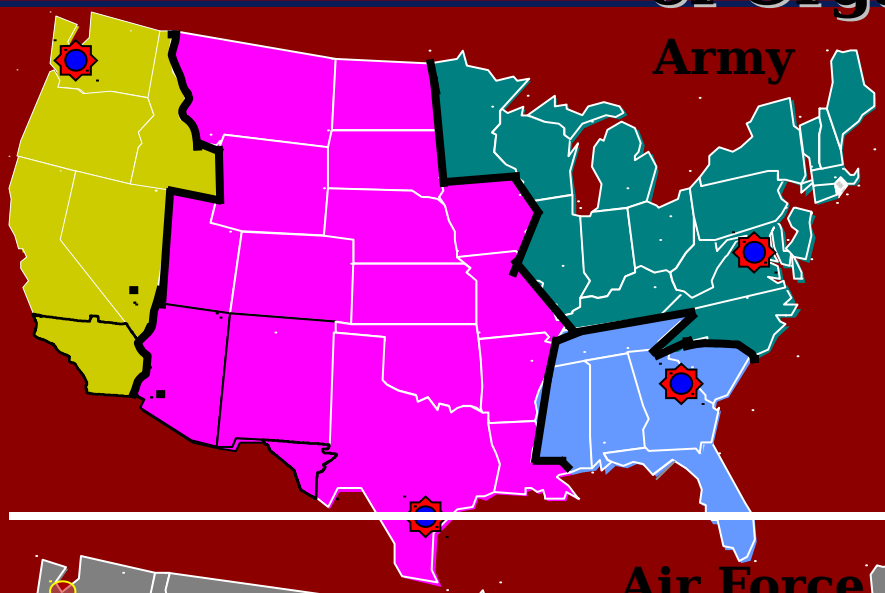
"T-Now to T-Nex"

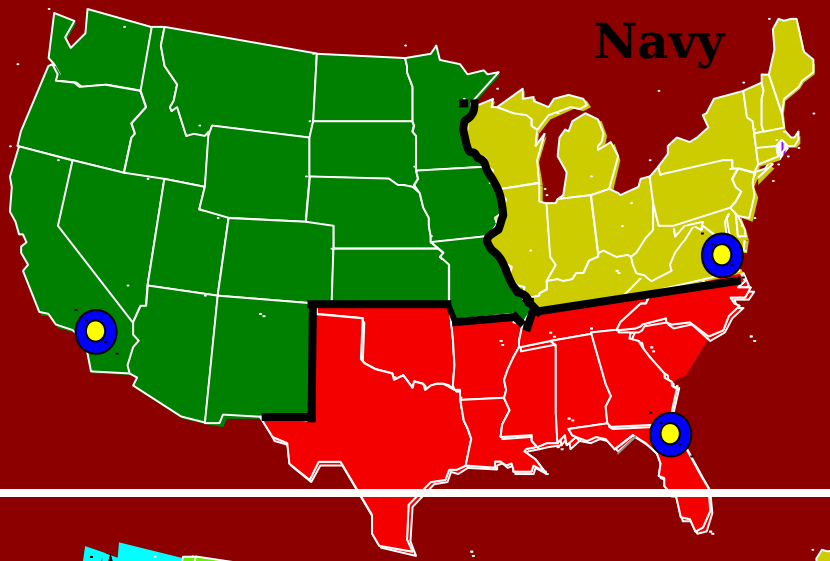
T-Now Across DoD

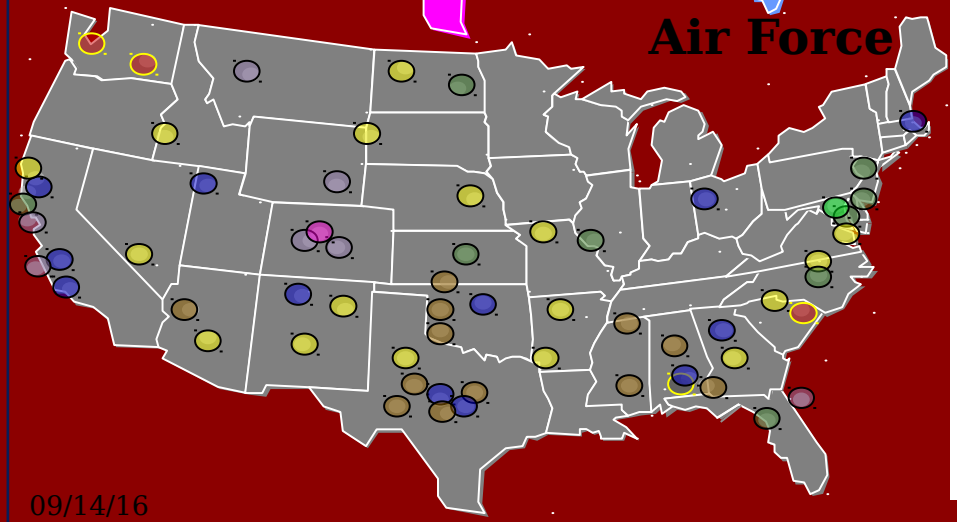


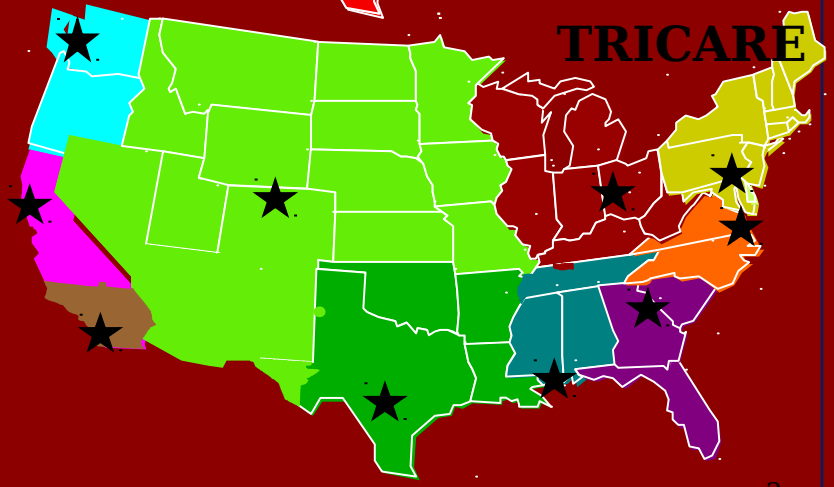
Complexity Compo

Number of Organizational Structures







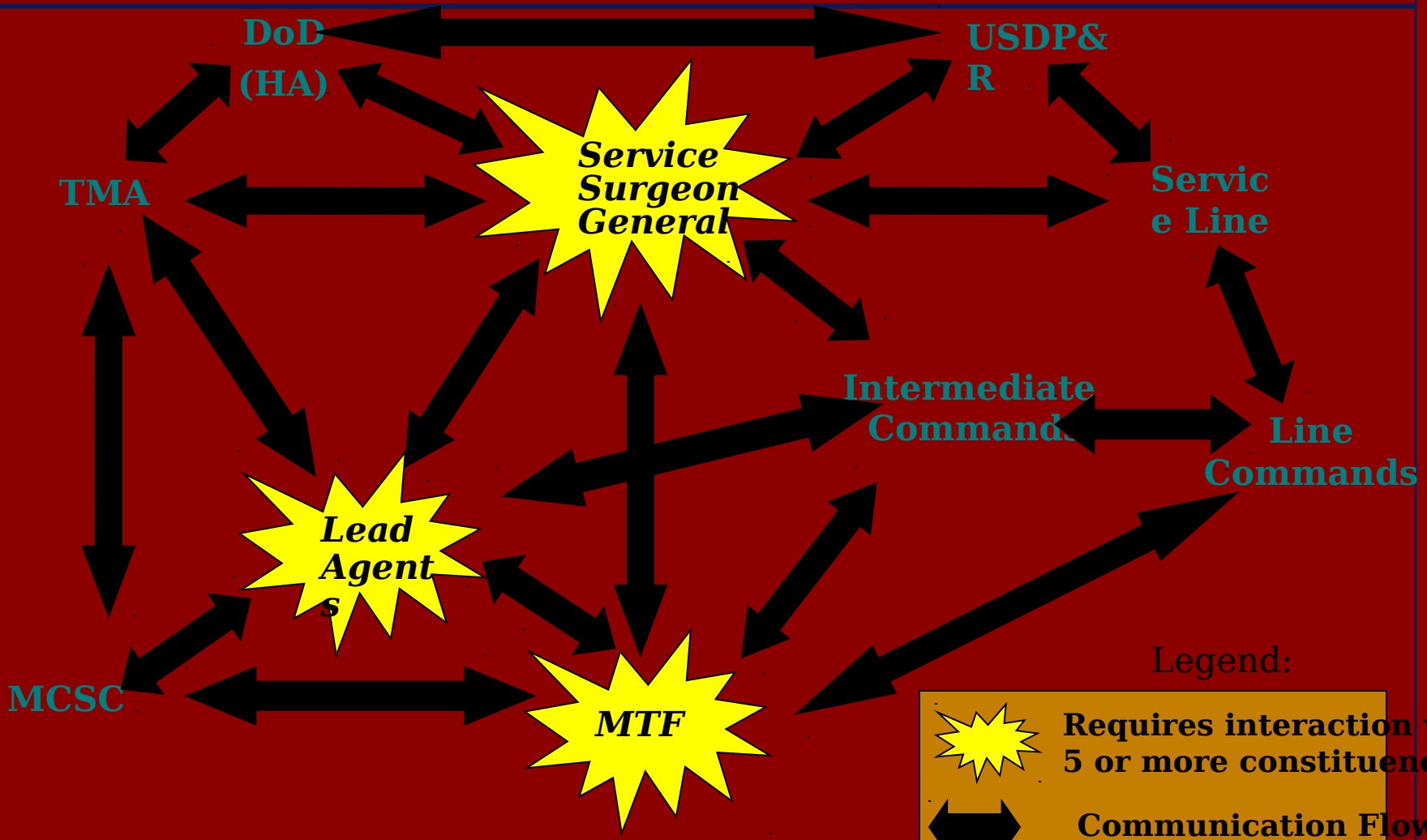


“Lots of Players on the Field”

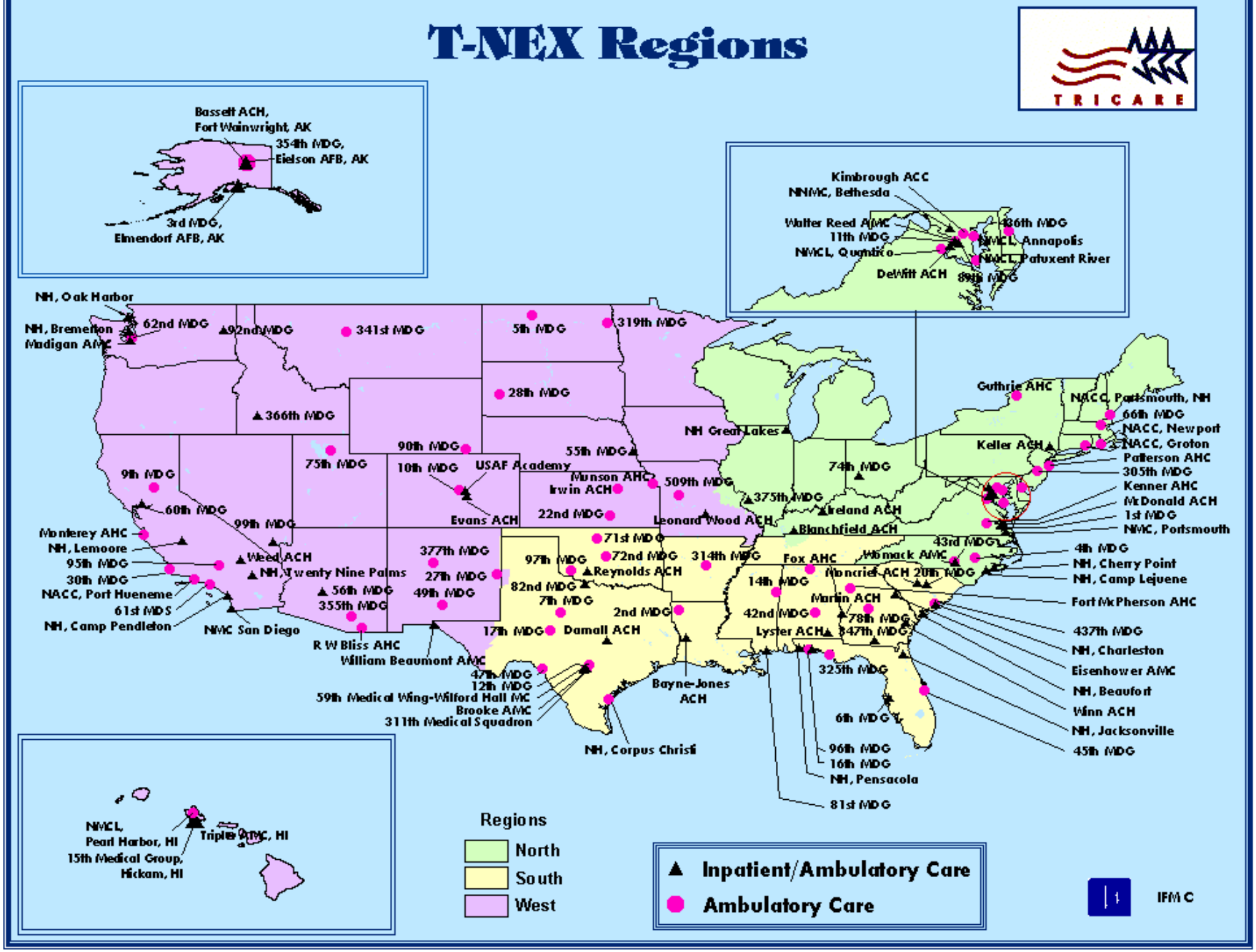
- TMA
- Service Surgeons
- New TRICARE Regional Offices
- Intermediate Commands
- T-Now Lead Agents
- MTFs

Management of MHS is Complex

Existing MHS Communication Flow



T-NEX Regions



T-Now Lead Agent Role

- Phase-Out of Current Contract
- Phase-Out Lead Agent Office
- Offer Transition Assistance (?)
  - Phase-In Transition of New Contract
  - Stand up Senior Market Manager Office/Functions

LA Transition Plan

- Objective is to ensure
  - Quality of care and customer service uninterrupted
  - Seamless transition for MHS beneficiaries
- Detailed Plan Submitted by AF to OASD(HA)
  - Billet by billet breakdown with dates of transition
  - Included both military and civilian positions

TROs Positions/Status

- TRO billets are not currently valid manpower positions
  - Available position numbers will be transferred
    - 1st Quarter, FY04
- AF Lead Agents currently employ 23 civilians
  - 41 AF civilian billets required for TROs
  - Requires programmatic adjustments within the AFMS FYDP
    - Use LA active duty members to fill “gap” until the FY06 reprogramming actions are complete
- Active Duty Retained as Service Billets

LA Billet Rundown

- Total of 152 AF military/civilian billets in CONUS LAs
  - Currently, 16 military/4 civilian billets are vacant/no backfill
- As LA billets become available, position numbers will be transferred to either TROs, Multi-Market Offices, or back to the Air Force
- Draw down should be complete by transition date
  - Exception: Contract Specialists

Lead Agent Civilian Personnel

- AF will make every effort to ensure civilian personnel are provided an opportunity for continued Federal service
- Initiatives for AF LA Civilian transition
  - Canvassing employment opportunities in local area
  - Priority Placement Program (PPP)
  - Voluntary Early Retirement Authority (VERA)
  - Voluntary Separation Incentive Program (VSIP)

MTFs: Start With the End In Mind

Rule #1……..

Enroll the patients you can care for.

Rule # 2……..

Take care of the patients you enroll.

Key: Linking Business Operation

Business Plans

Template Mgmt

Appointing

T-Now

Benefit to MTF from workload recapture was indirect at best

Change in CHAMPUS care marginally impacts MTF

Referral Mgmt

MTF Utilization

Purchased Care

T-NEX

Management decisions have a direct and immediate effect on the MTF's budget

Appropriate recapture results in retention of private sector care funding

Business Plan

The purpose of the business plan is to:

- ✓ Compare MTF **capability and capacity** to market demands and opportunities
- ✓ **Establish productivity and financial objectives**
- ✓ Be the key element for the **integration of the direct care system with the purchased care system**
- ✓ **Account for staffing and funding**
- ✓ **Document the accountability and responsibility for the scope of care provided** by your MTF

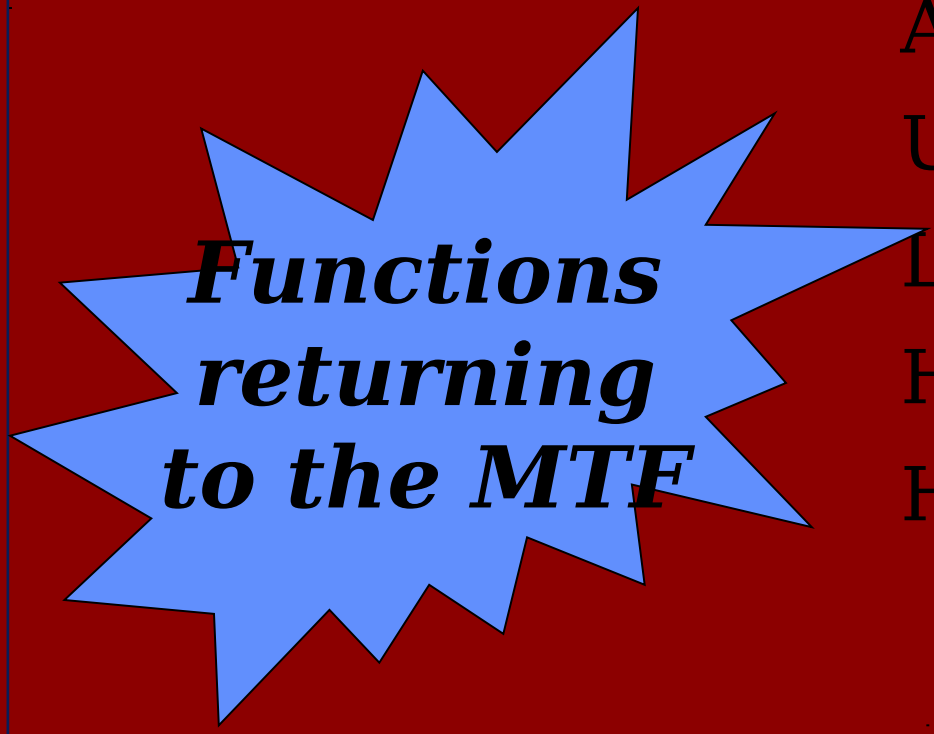
Business Process Changes

- Establish <u>performance targets</u> in the business plan and then monitor performance against that plan (versus simple historical trends)
- <u>Link resourcing decisions</u> to business plans and their execution
- ***Goal: "Outcomes Driven Resource Allocation"***

Financial Effect on the MTF Finances

- MTFs Will Be Funded for PSC Costs for Their Enrollees (Excluding Pharmacy)
- MTFs Will Be Invoiced by the Contractor for PSC Provided to Their Enrollees
  - Invoices Will Be Received within 15 Days Following Month
  - Approved TED Data Will Be Available on a MHS Data System at Time an MTF Receives Invoice
- MTFs Must Comply With Rules of the Prompt Payment Act
- DFAS Will Be Dispersing Agent

Local Support Contracts



- Appointing
- Utilization Management
- Local Resource Sharing
- HICL
- HEAR

Negotiations ongoing for appropriate funding to return with functions

KNOWLEGDE IS POWER: Read the contract Statement of Work, the TNEX manuals, and technical proposals. This solicitation can be viewed at :www.tricare.osd.mil/contracting/healthcare/solicitations/MCSS

INITIATE POSITIVE PARTNERING OPPORTUNITIES: The contractor will need to *interface* with you and your staff at predictable points (ex., MOUs, referrals to network, beneficiary briefings, contractor data access, etc.)

MTF Transition Management

UNDERSTAND THE NEW REQUIRMENTS: There are explicit and implicit new requirements for the MTF under TNEX:

- Revised financing threats/opportunities
- Appointing functions
- Resource Sharing management
- Utilization Management

MTF Transition Management (cont.)

- **Understand the MTF/Contractor MOU (Ch. 16, T-Nex Operations Manual)**
  - ✓ **MTF Market/Medical Management Support**
  - ✓ **Enrollment Protocols/Balanced Specialty Workload**
  - ✓ **Specifics**
  - ✓ **Customer Services Activities/Contractor MTF Location**
  - ✓ **Coordination of Health Care Delivery**
  - ✓ **MTF Read Only Access to Claims Data/Unlimited Read**
  - ✓ **Only Electronic Access to all TRICARE Related Data**
  - ✓ **Round Table Discussions/Partnering**

Organizing for T-NEX/MTF Transition: Lessons Learned

<u>Communication/education plan for staff and beneficiaries is crucial</u>

Develop "speakers bureau" to brief major stakeholders

- **Internal stakeholders = MDs, nurses, administrators, techs, pharmacists, <u>especially</u> admin/clerk staff, etc.**
- **External stakeholders = post/base military unit leadership (officer/enlisted), post/base commander, spouse groups, local retiree groups, local political entities**

Organizing for T-NEX/MTF Transition: Lessons Learned

***Communications content*: what is TNEX, why change, what will change, what won't change, expected improvements under TNEX, emphasis on customer satisfaction and minimizing any disruption in service**

***Communications tactics*: press releases, brief target audiences, brochures, web page, etc.**

***Start:* No sooner than 6 mo. from HCD then intensify at 4 mo./3 mos./2 mos.**

MTF Transition Team: Composition

- **Chief Staff/DCA**
  - **Appoint a Transition Team – w/Designated Chief and POCs for following areas:**
    - **Administration (to manage meetings and track critical events and tools)**
    - **Enrollment**
    - **IM/IT**
    - **Customer Service/Marketing**
    - **Demand Management**
    - **Appointing/Referral Management**
    - **Primary Care/Specialty Care Resource Sharing**
    - **Local Contracting**
    - **QA**
    - **UM**

T-NEX–Preparation:

Mission Process

- ✓ **Assess current MTF status re: appointing, primary enrollment, top 10 referrals out, demand management, referral management, patient satisfaction, meeting access standards, etc.**
- ✓ **Monitor Prime enrollee purchased care costs**
- ✓ **Develop understanding of where you need to be on start of health care delivery re: new functions and requirements**
- ✓ **Develop MTF specific plans to get from current status to future state**
- ✓ **Assign a transition coordinator/manager**
- ✓ **Execute the plan**

MTF Transition Team: Priorities

Action- oriented and Problem-solving oriented

POCs MUST know respective parts of the RFP, TRICARE manuals, and contractor technical proposal that pertain to their functional area

Use issue tracking to identify issues/problems, assign responsibility, monitor progress

Report to the Commander on frequent basis (or immediately, if necessary) for “critical” issues.

Transition Preparation Check List:

- ✓ **Develop/execute C*ommunication Plan*: Educate, Educate, Educate !!**
- ✓ **Assess A*ppointing* Equipment/Personnel**
- ✓ **Optimize *primary care* support staff/space to the extent possible – assess throughput efficiency**
- ✓ **Prepare to implement *IM/IT* initiatives**
  - ✓ **CHCS file and table clean ups**
  - ✓ **TRICARE On Line**
  - ✓ **Access to contractor data**
  - ✓ **Read-Only access to TFL claims**
  - ✓ **TSC/ IT needs, etc.**

Recommended Transition Prep Check List (Con't)

- ✓ **Organize/staff *referral management* process**
- ✓ **Organize/staff efficient/effective in house *UM/CM* functions**
- ✓ ***Optimize* support staff/throughput in high demand/high cost specialty care clinics**
- ✓ **Develop/draft *MCSC/MTF MOU* input**

Recommended Transition Prep Check List (Con't)

- Re-look at *enrollment* capacity
  - Make sure Active Duty is enrolled
- Evaluate all *resource sharing* agreements
  - Is it delivering per your plan ? What changes are needed ?
- Evaluate assigned TSC space
- Organize/staff for *extensive marketing, data analysis and business plan development and monitoring*

Questions ??